

Dental Services by Type

Q.N2a, NHIS, 1983

[Earlier I was told _____ went to the dentist during the 2-week period beginning Monday, (date) and ending Sunday, (date).] [Now I am going to read a list of dental services.] When _____ went to the dentist (the last time/the time before that), did _____ have:]

- 1 An x-ray taken?
- 2 A tooth filled?
- 3 A tooth pulled?
- 4 Any other oral surgery?
- 5 A fluoride treatment?
- 6 Teeth cleaned?
- 7 Teeth straightened, that is, orthodontia?
- 8 Treatment for gums?
- 9 Work done on a complete denture?
- 10 Work done on a partial denture?
- 11 Work done on a bridge?
- 12 Work done on a crown or cap?
- 13 Work done on a root canal?
- 14 An examination?
- 15 Something else done?

Q.DV.R5.5, NMCES, 1977

Did (person) have any x-rays taken on this visit?

- 1 Yes
- 2 No

Q.DV.R5.6, NMCES, 1977

(Not counting the x-rays) What did (person) have done during this visit on (date)? what else did (person) have done on that visit?

- 1 Cleaning teeth
- 2 Examination
- 3 Straightening/braces (orthodontia)
- 4 Fillings #_____
- 5 Extractions #_____
- 6 Root Canals #_____
- 7 Other (specify) _____

Q.D6, NMES, 1987

Did (person) have any x-rays on this visit?

- 1 Yes
- 2 No

Q.D7, NMES, 1987

(Not counting the x-rays) What did (person) have done during this visit on (date)? what else did (person) have done during this visit?

- 1 Nothing else/x-rays only
- 2 Cleaning teeth
- 3 Examination
- 4 Orthodontia (bite adjustments, braces, retainers, other)
- 5 Fillings
- 6 Extractions
- 7 Root canals
- 8 Crowns
- 9 Bridges
- 10 Dentures
- 11 Repair of bridges, dentures, relinings, etc
- 91 Other specify _____
- 8 DK

Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001

What did (person) have done during this visit? Probe: What else was done?

- 1 General exam, checkup or consultation
- 2 Cleaning, prophylaxis, or polishing
- 3 X-rays, radiographs, or bitewings
- 4 Fluoride treatment
- 5 Sealant (plastic coatings on back teeth)
- 6 Fillings
- 7 Inlays
- 8 Crowns or caps
- 9 Root canal
- 10 Periodontal scaling, root planing, or gum surgery
- 11 Periodontal recall visit (periodic or regular)
- 12 Extraction, tooth pulled
- 13 Implants
- 14 Abscess or infection treatment
- 15 Other oral surgery
- 16 Fixed bridges
- 17 Dentures or removable partial dentures
- 18 Relining or repair of bridges or dentures
- 19 Orthodontia, braces, or retainers
- 20 Bond, whiten, or bleach
- 21 Treatment for TMD or TMJ
- 99 Other
- 7 Ref
- 8 DK

Q.45I, NSAHC, 1986

What dental treatments did you/ [{ :B}] receive?

- 1 Checkup only
- 2 Checkup and cleaning
- 3 Emergency visit for fillings or extractions
- 4 Non-emergency visit for fillings or extractions
- 5 Gum treatment
- 6 Orthodontic (braces, straightening teeth)
- 7 Other

Q.DU7, MCBS, 1996; 1997; 1998; 1999; 2000; 2001

For (your/SP's) visit on (first/next visit date)/ what did (you/SP) have done?

- 1 X-rays taken
- 2 Cleaning teeth
- 3 Examination
- 4 Fillings
- 5 Extractions
- 6 Root canals
- 7 Crowns
- 8 Bridges, dentures, plates, etc. – either new ones or repair work
- 9 Orthodontia – bite adjustment, braces, retainers, etc.
- 10 Periodontia – e.g., treatment of gum disease
- 11 Bonding
- 91 Other (specify) _____
- 7 Ref
- 8 DK

Q.DU8, MCBS, 1996; 1997; 1998; 1999; 2000; 2001

Were X-rays taken on this visit?

- 1 Yes
- 2 No
- 7 Refused
- 8 DK